

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/589005

FILING DATE

APPLICANT(S)

AA 34 1st Amend CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		1		
4		2		3		
5		(1)		(3)		
6		(1)		(1)		
7		(1)		(1)		
8		(1)		(1)		
9		(1)		(1)		
10		(1)		(1)		
11		(1)		(1)		
12		(1)		(1)		
13		(1)		(1)		
14		(1)		(1)		
15		(1)		(1)		
16		(1)		(1)		
17		(1)		(1)		
18		(1)		(1)		
19		(1)		(1)		
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TOTAL IND.	1	↓	1	↓	2	↓
TOTAL DEP.	28	←	23	←	18	←
TOTAL CLAIMS	29		24		20	

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						